DOCUMENT RESUME

ED 289 294 EC 201 255

| | |
|---|---|
| TITLE | Programs Funded through the Family Court Order Process for Children with Handicapping Conditions Birth to Five. Programmatic Guidelines and Standards. |
| INSTITUTION | New York State Education Dept. Albany. Office for the Education of Children with Handicapping Conditions. |
| PUB DATE | Jul 87 |
| NOTE | 25p. |
| PUB TYPE | Guides - Non-Classroom Use (055) |
| EDRS PRICE | MF01/PC01 Plus Postage. |
| DESCRIPTORS | *Disabilities; Early Childhood Education; Eligibility; Individualized Education Programs; Infants; Preschool Education; *Special Education; *State Aid; State Legislation; *State Standards |
| IDENTIFIERS | *New York |

ABSTRACT

The manual describes program standards and guidelines for New York programs interested in qualifying for state reimbursement for special education costs ordered by the court in serving handicapped students birth to 5 years of age. Standards are set forth for the following areas: eligibility (including definitions of handicapped conditions); continuum of services (as provided in various program models); program considerations (e.g., curriculum, family involvement, staff development); teacher qualifications; class size and student teacher ratio; development of individualized education program (including phase I and II components and review procedures). (CL)

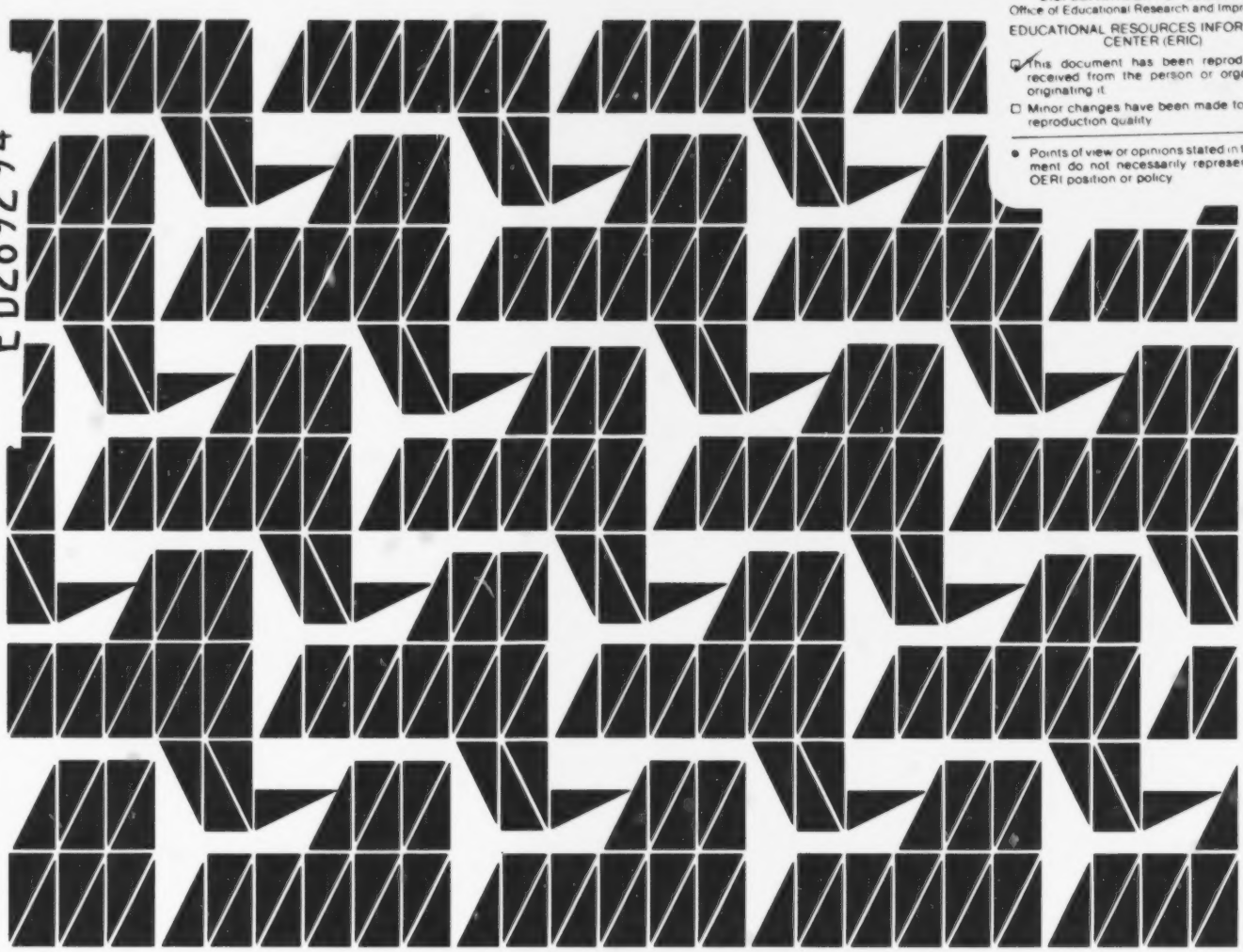
**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

ED289294

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.



# PROGRAMS FUNDED THROUGH THE FAMILY COURT ORDER PROCESS FOR CHILDREN WITH HANDICAPPING CONDITIONS BIRTH TO FIVE

## PROGRAMMATIC GUIDELINES AND STANDARDS

NEW YORK
THE STATE OF LEARNING

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE FOR EDUCATION OF CHILDREN
WITH HANDICAPPING CONDITIONS
ALBANY, NEW YORK 12234

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Robert M. Tramby

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC 201 255

NEW YORK
THE STATE OF LEARNING

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, N.Y. 12234

ASSISTANT COMMISSIONER FOR EDUCATION OF CHILDREN WITH HANDICAPPING CONDITIONS

July 1987

To: Chief Elected Official in Each County
Family Court Judges
District Superintendents
Superintendents of Public Schools
Committee on Special Education Chairpersons
Directors of Special Education
Directors of Approved Private Schools
Directors of Preschool Programs Funded Under Court Order
Commissioner's Advisory Panel
Preschool Guidelines and Standards Advisory Task Force

From: Lawrence C. Gloeckler

Subject: Guidelines and Standards For Family Court Ordered Programs for Children with Handicapping Conditions, Birth to Five

Attached are programmatic guidelines and standards for education programs for children with handicapping conditions ages birth to five funded through the Family Court order process. This document was developed by the Office for Education of Children with Handicapping Conditions as a result of passage of Chapter 683 of the Laws of 1986. These programmatic guidelines and standards will be used by the Education Department in determining State reimbursement to counties beginning September 1, 1987. We recognize that in certain situations it may be necessary to be flexible regarding timelines for implementation. We will review the need for flexibility on an individual program basis during our reviews to determine state reimbursement.

As required by Chapter 683, the Commissioner appointed a task force representing major consumer and provider groups in the State to provide the Department with recommendations to consider in the development of these programmatic guidelines and standards. The task force met from November 1986 through February 1987. These programmatic guidelines incorporate the majority of the suggestions provided to the Department by the task force.

With respect to fiscal guidelines and standards, the Department recognizes that some counties have already established and are implementing fiscal guidelines and standards developed for their particular locality. In order for counties to receive automatic State reimbursement for each pupil for whom a court order has been issued under Section 236 of the Family Court Act, each locality will be required to adopt local fiscal guidelines and standards for court ordered programs. Since some localities have exemplary

systems, we encourage counties to talk with other municipalities to adopt those fiscal systems that others are implementing successfully or use such systems as models in developing their own procedures. We will disseminate, under separate cover, those existing systems which we have available for each county to consider. We are requesting that counties provide us, as soon as possible, with a description of their fiscal system for overseeing court ordered services for young children with handicapping conditions. The Department will review each proposal to ensure that a minimal level of fiscal accountability is established for State reimbursement purposes. Upon determination by the Department that such a fiscal system exists, the Department will agree to automatically reimburse up to 50 percent of the costs as ordered by the court, provided that the court order recognizes the county fiscal guidelines. Until such time as the county adopts and the Department approves a fiscal system, or if a county decides not to establish a local fiscal system, we will continue to review petitions individually for determination of reimbursement amounts similar to our review of current court orders. However, programs will need to meet the programmatic guidelines and standards which are attached. We strongly urge each county to adopt a system to ensure adequate fiscal oversight while providing cost effective and quality programs for young children with handicapping conditions.

Should you have any additional questions or need further assistance, please contact Michael Plotzker, Supervisor of the Early Childhood, Rate Setting and STAC Units at (518) 474-8917. We appreciate your cooperation and believe that we can assure a smooth transition in implementing these new requirements.

Attachment

# PROGRAMS FUNDED THROUGH THE FAMILY COURT ORDER PROCESS FOR CHILDREN WITH HANDICAPPING CONDITIONS BIRTH TO FIVE

Programmatic Guidelines and Standards

The State Education Department does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, or sex in the educational programs and activities which it operates. Inquiries concerning this policy of equal opportunity and affirmative action should be referred to the Department's Affirmative Action Officer, Education Building, Albany, NY 12234. Phone (518) 473-1265.

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children with Handicapping Conditions
Albany, New York 12234

THE UNIVERSITY OF THE STATE OF NEW YORK

**Regents of The University** (with years when terms expire)

1994 MARTIN C. BARELL, Chancellor, B.A., I.A., LL.B., LL.D.. Muttontown

1994 R. CARLOS CARBALLADA, Vice Chancellor, B.S., L.H.D., D.Sc..... Rochester

1988 WILLARD A. GENRICH, LL.B., L.H.D., LL.D., Litt.D., D.C.S., D.C.L., Sc.D..... Buffalo

1989 EMLYN I. GRIFFITH, A.B., J.D., L.H.D., Sc.D., LL.D..... Rome

1991 JORGE L. BATISTA, B.A., J.D., LL.D..... Bronx

1993 LAURA BRADLEY CHODOS, B.A., M.A..... Vischer Ferry

1991 LOUISE P. MATTEONI, B.A., M.A., Ph.D..... Bayside

1988 J. EDWARD MEYER, B.A., LL.B., L.H.D..... Chappaqua

1988 FLOYD S. LINTON, A.B., M.A., M.P.A., D.C.L., LL.D..... Miller Place

1988 SALVATORE J. SCLAFANI, B.S., M.D..... Staten Island

1989 MIMI LEVIN LIEBER, B.A., M.A..... Manhattan

1992 SHIRLEY C. BROWN, B.A., M.A., Ph.D..... Albany

1990 NORMA GLUCK, B.A., M.S.W., LL.D., L.H.D..... Manhattan

1990 THOMAS R. FREY, A.B., LL.B..... Rochester

1990 JAMES W. McCABE, Sr., A.B., M.A..... Johnson City

1993 ADELAIDE L. SANFORD, B.A., M.A., P.D..... Hollis

**President of The University and Commissioner of Education**
Thomas Sobol

**Executive Deputy Commissioner of Education**
Robert J. Maurer

**Deputy Commissioner for Elementary, Secondary and Continuing Education**
Gerald L. Freeborne

**Assistant Commissioner for Education of Children with Handicapping Conditions**
Lawrence C. Gloeckler

## INTRODUCTION

The provision of special education services in New York State to children with handicapping conditions below the age of five has been implemented through a court order process in accordance with Section 236 of the Family Court Act and Section 4406 of the Education Law. This legislation has provided parents with the opportunity to petition the Family Court for the costs of special education services for their children with handicapping conditions from birth to five years of age. As a result, many preschool special education programs and services have been made available throughout the state. Under the court order system, the Family Court judge may issue an order for services, based on a petition submitted by the child's family. If an order is issued, the county where the child resides is responsible for payment of costs. The county may be reimbursed by the State Education Department for up to 50 percent of service costs ordered by the court if certain minimum criteria are met.

During the 1986 legislative session, the State legislature, out of a growing concern over the lack of program and fiscal standards under the Family Court process, enacted legislation to begin to address this issue. Chapter 683 of the Laws of 1986 required the establishment of preschool special education program and expenditure standards and guidelines under the current court order system. It authorized the Commissioner of Education to develop standards and guidelines upon the advisement of a Task Force composed of major provider and consumer representatives of preschool special education services throughout New York State. The Task Force, comprised of 13 members, met beginning November 1986 through February 1987. The group's recommendations, based on current law, policies and practices were submitted to the Commissioner for review. The program and expenditure guidelines and standards will be effective beginning September 1, 1987.

This manual describes program standards and guidelines which will be required of all programs interested in qualifying for State reimbursement to the county for special education costs ordered by the court. The State Education Department will also consider reimbursement based on expenditure standards and guidelines established by each county, which will be required to submit its fiscal system for review and approval by the State Education Department by August 15, 1987. The Department will automatically approve reimbursement if the county chooses to implement one of the following fiscal systems:

1. a system which is a replication of another county's system that the State Education Department has reviewed and found to be adequate; or

2. its own model which has been reviewed and found to be adequate by the State Education Department; or

3. the cost reimbursement system currently used by the

Department in approving private schools for school-age children with handicapping conditions.

This booklet is designed to assist parents, preschool service providers, county personnel and court officials in meeting program standards and guidelines for the provision of special education services to preschool children with handicapping conditions under the Family Court order system. Many of the concepts supported by the Task Force are contained in this manual. We wish to thank the following members of the Task Force for their contribution in the development of the preschool program standards and guidelines.

Maggie Ames
Karen Cunningham
Albert Hawk
Steven Held
John Kemmer
Beth Lief
Sr. Rose Logan
Shirley Mitgang
Dr. Edward Murphy
Mary Ellen Murphy
Karen Papson
Michael Parker
Phyllis Schwartz

**ELIGIBILITY**

In order for a child to be considered eligible for special education services under the court order program, the child must meet certain age requirements and be classified as a child with a handicapping condition. A comprehensive evaluation must be conducted to determine the child's handicapping condition and need for special education services.

A. Age Requirements

A child who resides in New York State, who has not attained the age of five years on or before December 1st of that school year (unless the district has adopted a different cut-off date) and who, because of mental, physical or emotional reasons, has been identified as having a handicapping condition and can receive appropriate educational opportunities, is eligible to petition the Family Court for the costs of special education services.

B. Definitions of Handicapping Conditions

Handicapping conditions for children from birth to five years of age are defined as follows:

Autistic: A child who manifests a behaviorally defined syndrome which occurs in children of all levels of intelligence. The essential features are typically manifested prior to 30 months of age and include severe disturbances of developmental rates and/or sequences of responses to sensory stimuli, of speech, of language, of cognitive capacities, and of the ability to relate to people, events and objects.

Emotionally disturbed: A child with an inability to learn which cannot be explained by intellectual, sensory or health factors and who exhibits one or more of the following characteristics over a period of time and to a marked degree:

- an inability to build or maintain satisfactory interpersonal relationships with peers, teachers and significant others;
- inappropriate types of behavior or feelings under normal circumstances;
- a generally pervasive mood of unhappiness or depression; or
- a tendency to develop physical symptoms or fears associated with personal or school problems.

The term does not include socially maladjusted children unless it is determined that they are emotionally disturbed.

Learning disabled: A child with a disorder in one or more of the basic psychological processes involved in understanding or in using language which manifests itself in an imperfect ability to listen, think, speak

or do readiness tasks (fine grapho-motor, preacademic, perceptual, conceptual skills). The term includes such conditions as perceptual handicaps, brain injury, neurological impairment, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural or economic disadvantage.

**Mentally retarded**: A child who, concurrent with deficits in adaptive behavior, consistently demonstrates general intellectual functioning that is determined to be 1.5 standard deviations or more below the mean of the general population, on the basis of a comprehensive developmental evaluation which includes psychological, physical and social evaluations.

**Deaf**: A child with a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

**Hard of hearing**: A child with a hearing impairment, whether permanent or fluctuating, which adversely affects the child's educational performance but which is not included under the definition of deaf in this section.

**Speech impaired**: A child with a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice or oro-motor impairment, which adversely affects a child's educational performance.

**Visually impaired**: A child with a visual handicap which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

**Orthopedically impaired**: A child who is physically handicapped and who has a severe orthopedic impairment, which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputation, and fractures or burns which cause contractures, etc.).

**Other health impaired**: A child who is physically handicapped and who has limited strength, vitality or alertness due to chronic or acute health problems, including but not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes or tourette syndrome, which adversely affects a child's educational performance.

**Multiply handicapped**: A child with two or more handicapping conditions that result in multisensory or motor deficiencies and developmental

lags in the cognitive, affective or psychomotor areas, the combination of which cause educational problems that cannot be accommodated in a special education program solely for one of the impairments.

There are also some very young children who have a diagnosed physical, mental or emotional condition the effect of which is uncertain or difficult to assess in quantitative measures. However, since there is a high probability that a handicapping condition will result, these children may also be considered eligible for services by the court. Such conditions are genetic, metabolic and chromosomal disorders such as Down's Syndrome, Turner's Syndrome, phenylketonuria (PKU); neurological and physical impairments such as cerebral palsy, spina bifida, severe microcephaly and macrocephaly, epilepsy and neonatal seizures, muscular dystrophy, rheumatoid arthritis, brain disorders, respiratory distress syndrome with prolonged ventilations; health impairments, either acute (e.g., hepatitis) or chronic (e.g., cystic fibrosis, diabetes, nephrosis) and sensory impairments.

**Comprehensive Evaluation**

In order to sort out those children who may possibly have a handicapping condition, it is necessary to screen. Screening is a preliminary method of determining if further evaluation is needed. It provides information about a child's overall growth and development. If a problem or abnormality is suspected as a result of the screening, a comprehensive evaluation of the child must be completed. It is important to recognize that information gained from screening instruments should be used not to identify children as having handicapping conditions, but to determine which children may have problems and require further, comprehensive testing.

In order to determine whether a child has a handicapping condition, a comprehensive evaluation must be conducted. This includes a physical examination, an individual psychological evaluation, a social history, and appropriate educational evaluations in all areas related to the suspected disability. Parental consent to conduct an evaluation must be requested and obtained prior to testing. Results should be used to determine if the child has a handicapping condition, to identify the child's strengths and weaknesses and to provide valuable information about a child's educational, emotional, social and physical needs.

An evaluation should be conducted by persons appropriately trained in using the assessment instruments. In addition, it is crucial that test selection and administration be appropriate for the age and suspected handicapping condition of the child and for culturally and linguistically diverse students. Tests should always be administered in the child's native language.

The selection of methods and procedures for evaluation may vary according to the nature and age range of the population to be tested. Using a number of different types of tests will give a broader profile of a child's strengths and needs. A description of some of the types of evaluations that may be used in collecting data follows:

**Standardized Instruments.** These may include intelligence tests, psychological examinations, hearing and vision tests, speech and language evaluations and educational assessments which have been standardized based on a normative scale. The examiner must administer the test exactly according to directions to assure accuracy and appropriate interpretation of test results.

**Observation.** Valuable information about a child can be obtained by observing the child's behavior in different settings. When possible, arrange situations so that personal interactions with peers and family members, patterns of adjustment and use of language can be observed. This may help in understanding relationships with peers and teachers, learning styles, motivation factors and attention skills. Patterns and frequency of behavior should be recorded systematically over a period of time.

**Criterion-Referenced Tests.** These assessment instruments are used to measure a child's development of particular skills in terms of mastery of tasks. The items included are often listed in a developmental sequence within each area of development. Criterion-referenced tests are particularly useful in providing information for developing the child's educational program since they indicate which skills a child has mastered and which need to be learned.

## CONTINUUM OF SERVICES

A. Program Models

The following program models are designed to provide a continuum of services to meet the needs of children from birth to five years in the least restrictive environment. Please pay particular attention to items which will or will not be considered for State reimbursement to the county.

### Regular Education Classes and Special Education Services

Some preschool children with handicapping conditions function appropriately in regular education programs with support services. A mainstreamed environment, when appropriate, promotes educationally and socially valuable interaction among children and maximizes the opportunity for children with handicapping conditions to be educated in a general education environment upon leaving preschool. This program option includes provision of special education or related services in conjunction with a regular education program. In order to receive State reimbursement funds, the child's program must include enrollment in a licensed day care facility or registered preschool program and special education and/or related services for at least two or more class periods (each class period equals 30 minutes) per week. **Only the costs of the special education services will be considered for State reimbursement to the county. Regular education costs will not be covered.** The special education part of the child's program must be provided by teachers certified in special education and appropriately licensed or certified related service specialists. Related services

are defined as speech pathology, audiology, psychological services, physical therapy, occupational therapy, counseling services and other appropriate support services. Such services must be on the child's individualized education program (IEP) and indicate service length and duration. Any requests for a special aide must be reviewed by the State Education Department on an individual basis upon submission of documentation detailing the need for such request.

Children who have been receiving a full special education program (center-based, home-based or residential models) and are determined to no longer need special education may require declassification support services. These services may be provided to either a child or a child's teacher to assist the child's transition into a regular nursery school program. Services provided directly to children may include psychological services, social work services, speech and language improvement services and other appropriate support services. Services provided to the teacher may be through the assistance of a teacher aide or assistant in consultation with appropriate personnel. Declassification support services may be provided for a maximum of one year after the child enters the regular preschool education setting. These must be specified on the student's IEP and would be eligible for reimbursement to the county under the court order process.

**Special Education (Day Programs)**

**Self-contained Center-based Programs**

For State reimbursement to the county, a center-based self-contained special education program must be offered and available for a minimum of two and one-half hours a day, five days a week. Exceptions regarding a child's frequency of attendance will be made on an individual basis according to written documentation from the child's parent, physician, psychologist and others involved in the educational evaluation of the child. For example, a young child with severe medical needs might be better served with a less intensive program of three days a week of services rather than five. Decisions for program attendance should be indicated on each child's individualized education program.

**Home-based Programs**

The needs of some children with handicapping conditions may be best met in a home-based program. It is recommended that home-based services be provided for children with handicapping conditions when such placement would be the least restrictive environment. This may involve children whose age, medical or management needs necessitate the provision of services in the child's home. In cases where geographical distances may impede access to available services, home-based instruction may be a viable alternative to center-based instruction. It may also provide a mode of teaching for very young children (0-2) who are maternally dependent. For example, a low birth-weight infant with feeding

problems, who is being breast-fed, may be better served at home.

A home-based program must provide each child with a minimum of two (2) contact hours per week by a certified special education teacher in order to qualify for State reimbursement to the county. Related services, if needed, must be provided in addition to these two hours by appropriately certified/licensed specialists. An IEP must be developed and implemented for each child in a home-based program. In order for a three to five year old child to receive services in a home-based setting, documentation must be provided that this placement is recommended due to the severe nature of the handicapping condition or where geographic distance is at issue.

For children transitioning from home-based to center-based instruction, it may be necessary to provide a combination of home-based/center-based services. In this model, a minimum of two contact hours per week must be provided at home, and at least three hours per week of special education must be provided at a center to qualify for State reimbursement to the county. As the child's time in the center-based program is increased, his/her time in the home-based program is diminished. The transition is to be completed according to a schedule developed by parents, home-based and center-based staff within a one-year period.

### Special Education (Residential)

A child's educational needs may warrant a residential setting. The instructional program must be offered five days a week, five hours per day. An IEP must be developed and implemented by appropriately licensed and/or certified staff. In order to receive State reimbursement, this type of programming will be carefully reviewed by the Regional Office of the Office for Education of Children with Handicapping Conditions.

## PROGRAM CONSIDERATIONS

### Curriculum

The curriculum of a special education program for young children should be similar to that of a preschool curriculum for nonhandicapped children, as both programs are intended to assist the children in attaining their full potential for growth and development and preparing them for entering elementary school. In order for this to occur, the curriculum should focus on all areas of development, including cognitive, emotional, social, physical and language development, while adhering to the annual goals and short-term objectives defined in each child's individualized education program.

The curriculum should be coordinated with all related services personnel so that classroom and therapy activities will complement and reinforce each other. This instruction can be further reinforced when

parents are apprised of classroom activities and the content of daily instruction. The curriculum can also be enhanced by developing activities based on holidays, seasons, field trips, and topical areas such as transportation, community helpers, the family, animals and others.

Creative scheduling will be important to maximize the use of instructional time, allowing each child the opportunity to be actively involved in learning experiences and to receive direct instruction designed to meet the individual goals noted on his or her IEP. Daily activities should be structured to provide a blend of individual, small and large group sessions which address all areas of development. Varying active and passive activities may also help maintain a high level of child interest and may ultimately increase a child's attention span. For example, a large group game activity might be followed by individual language sessions. The use of puppets, games or songs may also enhance the presentation of an activity and may be an effective strategy for maintaining or redirecting a child's attention or focus to the task at hand.

The learning environment should be designed to meet the needs of the children and to facilitate the implementation of the curriculum. Tables and chairs, shelves and mirrors and other equipment should be child-sized.

The classroom should be arranged to accommodate structured activities and free play. Allow for large group or circle activities, individual and small group instruction, self-directed cognitive play and gross motor activities. Separate areas in the classroom may also be needed for therapy or testing. In addition, materials and equipment should be arranged so that children can select and use them independently and appropriately.

Adaptive equipment may be needed for nonambulatory or physically disabled students. This includes standing tables, chairs with wedges and holding straps, corner seats for floor sitting, and tables with clearances for wheelchairs. Other equipment, such as eating utensils, bathroom facilities, riding toys, puzzles, and climbing apparatus should be modified as needed to meet the needs of the students.

**Multidisciplinary approach**

A multidisciplinary team approach should be utilized within the program in the development and implementation of the IEP. Team members should include the child's teachers, parents, related service personnel and other staff who work closely with the child. Contact regarding the child's progress toward meeting objectives, changes in home or school environment, etc. should be maintained. The team function is enhanced by having team members act as consultants to one another.

**Family involvement**

Parents play a vital role in the early years of a child's growth and development. Their advice and participation is important for defining and implementing a successful special education program which meets the individual needs of the child and family. Parents have the opportunity to observe their child at home, in an environment that is comfortable and familiar. As a result, they will be able to identify some behaviors, skills or needs that program staff may not see in the educational setting. Teachers and therapists, as partners with parents, can provide valuable information about a child's behavior in school and work together in developing strategies for enhancing development and acquisition of new skills.

There are a variety of ways to involve parents and families in their child's educational program and to facilitate ongoing communication. Some suggested strategies for promoting parent participation are highlighted below:

**Classroom participation.** Program staff may wish to involve parents in classroom activities. This could include asking parents to participate as volunteers, to observe the provision of therapy or teaching, or to implement certain lessons. This enables parents to become active participants in their child's educational program, while providing opportunities for them to observe and model teacher-student interactions.

**Staff-parent conferences.** Regularly scheduled meetings between family and staff can be an effective means of updating family members on the child's progress and for reinforcing the carry-over of classroom goals to the home. Providing parents with ample notice of upcoming meetings and scheduling these at convenient times helps to ensure that parents take full advantage of this opportunity. Take-home materials and a summary report facilitate the implementation of any suggested teaching strategies at home.

**Home visits.** Meeting with parents in their home can provide staff with a clearer understanding of the home environment and the family's support system. Concrete suggestions for implementing the child's individualized education program at home can be clearly explained and demonstrated, so that parents will feel comfortable about structuring activities at home.

**Written communication.** It also may be helpful to provide parents with written information regarding program activities. This can include daily or weekly anecdotal records which highlight favorite activities, newly acquired skills or behaviors, and curricular areas that were addressed. Providing parents with a weekly schedule of planned activities and suggestions for parent follow-up may help facilitate the reinforcement of activities at home.

**Record-keeping.** Asking parents to help keep daily records of their child's behaviors may promote the transmittal of information between home and school. Providing parents with forms on which to record such behaviors or using a home/school notebook may facilitate the collection of data.

**Parent training programs.** In order to provide parents with training on specific topics, it is useful to develop parent training sessions. These are effective mechanisms for providing information on areas of mutual interest, while setting up a time for parents to meet and interact with one another. Since Special Education Training and Resource Centers (SETRC), supported by the Office for Education of Children with Handicapping Conditions, offer training for parents on a regional basis, it may be helpful to contact the local SETRC to coordinate training activities. The SETRC may be able to meet identified training needs and provide parents with resources and materials.

Family support services can also be a positive component of a home-school partnership. Counseling, family support meetings and crisis intervention services are some ways to meet those needs.

**Confidentiality of records**

Each program must have a procedure for protecting the confidentiality of children's records, in accordance with the regulations of the Commissioner.

Confidentiality means that access to student records is provided only to those individuals or agencies with legitimate educational interest in a given child. Confidentiality of student records or other personally identifiable information may be protected by Federal, State or local statutes. Local, State or Federal agencies should be contacted to verify what procedures should be implemented. It is recommended that written consent from parents be obtained before releasing records to anyone other than the following:

- o school officials, including teachers, within the educational institution or local education agency who have a legitimate educational interest in the child;
- o officials of other programs or school systems in which the student seeks or intends to enroll, upon the condition that parents are notified of the intent to transfer the records, and receive a copy of the records;
- o authorized representatives of Federal and State educational agencies;
- o in connection with financial aid for which the student has applied;

- State and local officials to whom information is specifically required to be reported pursuant to State statutes adopted prior to November 19, 1974;

- organizations conducting studies for, or on behalf of, educational agencies, provided that the studies are conducted in a manner which does not permit the identification of students by anyone other than representatives of the organization;

- accrediting organizations in order to carry out their accrediting function;

- parents of a dependent student;

- to comply with a judicial order or lawfully issued subpoena, provided that reasonable effort is made to notify the parent or the student, if eligible, in advance; and

- appropriate parties in a health or safety emergency.

For purposes of ensuring confidentiality, educational agencies or institutions should keep a log with the educational records of a child which indicates who has requested personally identifiable information and the reason for such requests. The log of record requests may be inspected by the parent and by authorized school and agency representatives. While requests for access by parents, involved school officials (including teachers) and requests accompanied by written parental consent do not necessarily need to be recorded, it may be advantageous to document all requests to indicate that only authorized individuals have been allowed access.

**Physical space requirements**

Physical plan standards must be in compliance with local fire and health codes. If there is no local mechanism for enforcement and/or inspection, then the preschool must document that an appropriately licensed independent professional has inspected the premises.

**Health and safety requirements**

Local, State and Federal requirements must be researched in order to identify any health or safety requirements that need to be met. These are apt to include health and safety requirements established by State and local agencies, such as immunization guidelines established by the Health Department. If applicable, programs should meet personnel screening requirements in accordance with Social Services law.

In addition, a complete health record for each child must be on file and readily accessible. It must include any diagnosed or suspected allergies, prescribed medication, the telephone number of the parents or the designated contact person in case of an emergency, and the name of the child's doctor. Specific information about any other health

needs or written instructions for administering any treatment or medication must be clearly stated. Parental consent must be obtained and on file if qualified program staff are to administer medication and/or other specific medical treatments. Permission slips should also be obtained when taking children out of the building for field trips.

Emergency procedures must be clearly posted and explained to all staff. This should include building evacuation and fire drill procedures, whom to contact if immediate help is needed and who should assume responsibility for contacting parents in case of an emergency. First aid materials must be available at the program site and readily accessible.

In order to document additional health information, the staff should record all absences and note the nature of the child's illness. Any health complaints indicated by the child or changes in behavior or eating habits should be conveyed to parents and documented. In addition, evidence of abuse and neglect must be reported to the appropriate agencies.

**Staff development**

Ongoing staff development activities ensure that teachers, related service providers and administrative staff are kept informed about the latest developments in the area of early childhood special education. Staff development can be addressed in a variety of ways.

The SETRC network is designed to provide local training to parents and professionals regarding the educational needs of handicapped children. This includes training for parents, teachers and other personnel involved in the provision of services to preschool handicapped children. The use of printed materials in the form of programmed modules, publications and newsletters may also be useful for staff training. The local SETRC may have some resources in its lending library which staff may borrow. In addition, suggestions may be provided to SETRC for developing additional training activities or for obtaining other resource materials to meet local needs.

Agencies can also arrange their own staff development programs. Some agencies have found it worthwhile to have different staff members conduct presentations for other professionals within the agency. Conducting such activities on a rotating basis affords various staff members the opportunity to share and obtain information pertaining to a number of subject areas. Such activities also provide the opportunity for personnel from various disciplines to interact with one another and may facilitate the implementation of an interdisciplinary model of service. Additionally, local agencies can pool the expertise of their staff members and conduct training sessions which are jointly developed and implemented by program personnel. Workshops offered by various national, State and local professional groups also may be worth investigating.

**Transition to school-age programs**

Each program should assist parents and children in preparation for the transition to school-age programs during the year prior to moving to the public school system. There should be parental consultation regarding the Committee on Special Education (CSE) process, forwarding all available and appropriate information to the CSE upon parental consent, and facilitating interaction between parent and school district personnel. The preschool program should support the parents in developing a dialogue with the CSE so that the least restrictive environment can be found for their child and the transition into the public school system can be as smooth as possible. Some people who might aid in this transition are the CSE chairperson or representative, a social worker, school nurse or teacher.

It is essential to obtain written parental consent in order to forward pertinent information to the CSE. The following would be useful to the CSE:

1. Social History Information - includes educational history, significant medical history, developmental growth, family and sibling background and interactions, and agency contact.

2. Psychological Report - most recent available testing completed.

3. Educational Report and IEP - functioning level; proposed long-term goals and short-term objectives; and social, physical, academic and management needs.

4. Medical Information - immunizations, audiological evaluations, and others if appropriate.

5. Related Service Reports - for any related services being recommended, such as, speech, physical, occupational therapies and counseling.

6. The child's adaptive equipment needs.

**TEACHER QUALIFICATIONS**

All teachers employed by a program to provide special education must be certified in the appropriate areas of special education in order for the program to receive State reimbursement for funding through Family Court. Similarly, related services must be provided by appropriately certified or licensed specialists. Other personnel must also be appropriately certified or licensed. When a declassification support service for eligible students is included in the individualized education program, it must be provided by personnel appropriately certified or otherwise qualified in each area of service.

In addition to special education certification, it is recommended that teaching staff have educational training and experience in working with young children. A background in child development and working with parents is also helpful. An educational director of a preschool special education program should also have experience and educational background in early childhood special education as well as in supervision and administration.

Teachers uncertified in special education may not be hired to teach preschool children with handicapping conditions unless it has been determined that there is no special education certified teacher available. Extensive recruitment efforts should be conducted in this case. A written request for permission to hire a person who is only certified in regular education and uncertified in special education must be accompanied by a justification for such employment, including documentation of recruitment efforts and a copy of the elementary education certification. A written declaration that the candidate will complete at least six semester hours of appropriate and required study toward special education certification and transcripts detailing coursework must be submitted. In addition, candidates for employment must contact the Division of Teacher Certification to obtain information about applying for certification in special education.

In mainstreamed settings, the regular education teacher need not be certified in the area of special education. Any licensed nursery or day care program must meet the staffing requirements of its regulating agency. Programs which have applied for Voluntary Registration of Nonpublic Nursery Schools and Kindergartens with the State Education Department must meet the staffing requirements outlined in Section 125.6 Regulations of the Commissioner of Education. Special education teachers providing declassification support services and related service providers must be appropriately certified or licensed in the appropriate area of service.

Candidates for employment should furnish resumes, including any relevant child caring experience; recommendations; references who can attest to the applicant's character, reputation and personal qualifications; college transcripts; and other pertinent materials that attest to their skill, training and experience in working with children and families.

**CLASS SIZE AND STUDENT TEACHER RATIO**

Determinations regarding class size and teacher-child ratios should be based upon the specific needs of individual children.

A special class may be composed of children with the same handicapping conditions or with differing handicapping conditions, as long as children placed together are grouped by similarity of individual needs. To achieve appropriate groupings, it will be important to keep in mind that:

- The range of academic or educational achievement of such children shall be limited to assure that instruction provides each child with appropriate opportunities to achieve his or her annual goals. The learning characteristics of children in the group shall be sufficiently

similar to assure that this range of academic or educational achievement is at least maintained.

- The social development of each child shall be considered prior to placement in any instructional group to assure that the social interaction within the group is beneficial to each child, contributes to each child's social growth and maturity, and does not consistently interfere with the instruction being provided. The social needs of a child shall not be the sole determinant of such placement.

- The levels of physical development of such children may vary, provided that each child has appropriate opportunities to benefit from such instruction. Physical needs shall be considered prior to determining placement to assure access to appropriate programs. The physical needs of the child shall not be the sole basis for determining placement.

- The management needs of such children may vary provided that environmental modifications, adaptations, or human or material resources required to meet the needs of any one child in the group are provided and do not consistently detract from the opportunities of other children in the group to benefit from instruction.

Special education instruction for preschool handicapped children in a center-based setting must be provided in a grouping of no more than twelve children with one teacher and one aide. Many groupings will contain fewer numbers of children based upon age, handicapping condition, levels of functioning and management needs.

It may be necessary to secure the assistance of additional adults when conducting certain activities. For example, more adults may need to be available for toileting, changing diapers, going to and from therapy, and at busing times. Children usually need more adult support during transition times, such as arrival and dismissal, changing from one activity to another, and cleaning up. Snack and lunch times may also require an intensive adult to child ratio, as handicapped children may need special assistance with feeding. When children are participating in free play activities, enough adults should be available to sufficiently supervise the play area and to handle any emergency situations. Field trips will also require an intensive adult to student ratio. These additional staffing needs may be met by utilizing volunteers, students and parents.

## DEVELOPMENT OF THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)

In New York State, IEPs must be developed for children with handicapping conditions aged birth to five. A comprehensive IEP should describe the child's current skills and abilities and include educational goals and objectives for the school year, the programs and services designed to meet these goals, and the method by which the child's progress will be periodically checked.

In New York State, IEPs for school-age students with handicapping conditions are developed in two phases. It is recommended that IEPs for preschool handicapped children be prepared in the same manner.

The initial development of the IEP for a preschool child with a handicapping condition begins with the completion of a petition to the Family Court for an order directing that the child be provided with a special education program at public expense. The petition must include the signature of the child's physician and psychologist certifying that the child has a handicapping condition. It is recommended that a comprehensive assessment be conducted by a multidisciplinary team to include a physician, psychologist, school administrator, teacher and related service personnel, if necessary.

**Phase I Components**

Information gathered from the evaluation of the child can provide the basis for development of the Phase I IEP. For preschool children this step is usually completed prior to the beginning of the child's participation in the program. It may be developed by multidisciplinary staff, including parents, and education staff of the program which the child will attend. Depending on local procedures the IEP may be reviewed by county staff involved in the Family Court process, or the county may set up procedures for developing the Phase I IEP as part of the Family Court petition. If information available on a particular child is current and sufficient to complete the IEP without further testing, it should permit both adequate descriptions of a child's current functioning in all appropriate areas and a determination of program needs.

The Phase I IEP should contain the following information:

- Present Level of Performance - The determination of the present levels of development should be made by the multidisciplinary team on the basis of data collected during the referral and evaluation process. Four areas of performance and development should be specified, including:

  1. Developmental and educational achievement and learning characteristics:

     The levels of knowledge and development in learning and skill areas, including activities of daily living, level of intellectual functioning, adaptive behavior, expected rate of progress in acquiring skills and information, and learning style.

  2. Social Development:

     The degree and quality of the child's relationship with peers, adults and family, feeling about self, and social adjustment.

3. Physical Development:

   The degree or quality of the child's motor and sensory development, health, vitality, and physical skills or limitations which pertain to the learning process; and

4. Management Needs in the Classroom:

   The nature of and degree to which environmental modifications and human or material resources are required to enable the child to benefit from the program.

- The Classification of the Identified Handicapping Condition - The child's handicapping condition should be identified by a physician, psychologist and other appropriate certified professionals, based on the results of the comprehensive assessment of the child. A handicapping condition may be any one or a combination of mental, emotional or physical factors that adversely affect the child's educational performance. The specific handicapping conditions included on Family Court petitions are those noted in the Regulations of the Commissioner for school-age children. A child's handicapping condition should not be used as the sole basis for providing or not providing programs and services to the child. While the handicapping condition may indicate certain general needs, the specific needs of the child, regardless of the handicapping condition, are the basis for formulating developmental goals and providing special programs and services.

- Annual Goals that are Consistent with the Child's Educational Needs and Abilities - Annual goals included in the IEP establish a long-range educational plan for children receiving special education and should describe what the child is expected to accomplish during the year. Goals which are clearly and objectively written are also useful in making decisions regarding one placement alternative over others. Annual goals should be written for each area of learning in which special education is to be provided. For young children this could include language, motor, cognitive, social and emotional development.

- Recommendations - The recommended special education program and services and the extent to which the child will participate in activities with nonhandicapped peers should be stated. If a special class program is recommended, the appropriate class size should be indicated.

- Services - The projected date for initiation of special education programs and services, the amount of time the child will receive such services, and the projected date of review of the child's need for such services should be indicated.

- Adaptive Equipment - The specialized equipment and adaptive devices needed for the child are to be included.

- Alternative Testing Techniques - Those testing modifications to be used consistently by the child in the recommended program should be stated.

**Phase II IEP Development**

Phase II of the IEP should be developed and carried out by the teachers and staff assigned to provide the special education program and services. A planning conference, which must include the parent, should be conducted within 30 days of a child's entry into a program. At that time, the child's teachers, parents and other appropriate personnel should develop:

- A statement of short-term objectives consistent with the annual goals listed in Phase I. A child's annual goals, as noted in the IEP, serve as projections for progress. These goals should be used for developing the child's short-term objectives which constitute the component steps necessary for obtaining long-term goals. Short-term objectives should be developed by the child's teachers after he/she has had ample time to observe the child's behavior in a program setting. Statements of short-term objectives should reflect the desired behavior and be written in clear and concise terms.

- Appropriate objective criteria, evaluation procedures and schedules for determining, on at least an annual basis, whether the instructional objectives are being achieved. It is recommended that evaluation of children from birth to five occur on a biannual basis to assure appropriate programming.

**Review Procedures**

Each IEP must be reviewed and, if appropriate, revised periodically, but not less than annually. This will ensure that the program continues to meet the child's educational needs. Because of rapid growth and development during the early years, programs may consider conducting a biannual review. The projected date of the annual review should be indicated on the IEP and should occur within one year of the child's entrance into special education or the last review. Participants in the annual review should be similar to those in the initial IEP meeting. In order to ensure parent involvement, parents must be notified of the intent to review the child's program and informed of the date, time and place of the meeting. There may be no changes in the child's related services package without prior notification of the parent, and the change cannot occur if the parent objects in writing.